



BRAD LITTLE  
Governor

State of Idaho

**DEPARTMENT OF WATER RESOURCES**

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

GARY SPACKMAN  
Director

February 3, 2020

JEFFREY C SHIPPY  
95 FERGUSON ST  
ST MARIES ID 83861

**PROOF DEFICIENCY LETTER**

**RE: Permit No. 91-8026**

Dear Permit Holder:

The Department received the proof of beneficial use (proof) form submitted for the above referenced permit. I am returning the form to you because the form is not acceptable without the correct fee.

The proof form was not accompanied by the required \$50.00 fee. This permit authorizes a diversion rate of 0.06 cfs (cubic feet per second) and was stated the same on the form requiring a license examination fee of \$50.00. The Department cannot process the proof without the fee.

This permit has now lapsed. Please resubmit the completed form and additional fees requested as soon as possible in order to reinstate the permit. If you have any questions concerning this matter, please contact me at (208) 287-4920.

Sincerely,

Debbi Judd  
Technical Records Specialist

Enclosure

RECEIVED

JAN 27 2020

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**STATEMENT OF COMPLETION**  
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$

Receipt No.

Received By

Date Received

DEPARTMENT OF

WATER RESOURCES

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at [idwr.idaho.gov](http://idwr.idaho.gov) for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are **not** applying for an extension, please notify the Department in writing.

- Permit No. 91-08026 Telephone No. 208 582 0582
- Name of Permit Holder(s) JEFFREY C. SHIPPY
- Mailing Address 95 FERGUSON ST. City ST. MARIES  
State ID. Zip 83861 Email SKYPILOT@SMGALETTE.COM
- Source of Water ST. JOE RIVER If **GROUND WATER** (well), Date Drilled mo. \_\_\_\_ / yr. \_\_\_\_  
Well Driller \_\_\_\_\_ Drilling Permit Number \_\_\_\_\_
- Extent of use(s) completed **as authorized by the water right permit:**  
Domestic (No. of households) \_\_\_\_\_ Stockwater (No. and type of stock) 1-10 HORSES  
Irrigation (No. of acres) 1/2 Other \_\_\_\_\_
- Total rate of diversion or storage volume for which proof is submitted .06 cfs OR \_\_\_\_\_ acre-feet.
- Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:  
Refer to the approval conditions on your permit and respond accordingly.  
**The Department will not issue a license if permit conditions are not met.**

|                             |                                                         |                                         |                                        |
|-----------------------------|---------------------------------------------------------|-----------------------------------------|----------------------------------------|
| Measuring Device            | Is a measuring device required?                         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | If yes, has the measuring device been installed?        | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            |
| Lockable Controlling Device | Is a lockable device required to control the diversion? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | If yes, has the lockable device been installed?         | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            |
| Fish Screen                 | Is a fish screen required?                              | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | If yes, has the fish screen been installed?             | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**Other Conditions of Permit**  
Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

\_\_\_\_\_  
Completed? Yes ☐ No ☐
- Fee Enclosed \$ \_\_\_\_\_ or not applicable ☒. See fee schedule on page 2 of the instructions.  
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.  
Name JEFF SHIPPY Telephone Number 208 582 0582  
Mailing Address SAME AS ABOVE City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder

(Include your title, if on behalf of company or organization)

Date

1/20/20